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ABSTRACT

To address a need for increased discussion of the dangers of Acquired Immune Deficiency Syndrome (AIDS) and an increased educative effort to prevent people from acquiring HIV infection, a study investigated one element of an AIDS campaign of the past: the "America Responds to AIDS" television and radio public service announcements (PSAs). Taking into account the political climate in which the PSAs were produced, 22 English-language television PSAs and 22 English-language radio PSAs were examined using traditional rhetorical analysis (characterizations, verbiage, tone, etc.) and a textualist approach (establishment of enabled and disabled powers, individuals, and phenomena as identified through the discourse). Analysis showed that "America Responds to AIDS" PSAs produced between 1987 and 1992 supported conservative philosophies by stereotyping male carriers and female victims, using inexplicit terminology, employing fear appeals, blocking access to helpful information with a government gatekeeper, and empowering AIDS as a social rather than a medical problem. The PSAs supported traditional family and social relationships, denied homosexuals and other disenfranchised groups a voice in the fight against the disease, and failed to address specific behavioral changes which are needed if the spread of HIV infection and AIDS are to be controlled. Findings suggest that if the government hopes to educate people about the issues surrounding AIDS and its consequences to society, it needs to examine past mistakes and see that they are not repeated. (Includes one table of data; contains 50 references.) (NKA)

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"Repellent and Shameful": The Portrayal of AIDS in "America Responds to AIDS" Broadcast Public Service Announcements, 1987-1992

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Abstract

"Repellent and Shameful":

The Portrayal of AIDS

in *"America Responds to AIDS"*

Broadcast Public Service Announcements,

1987-1992

Douglas J. Swanson

For 12 years, Republican Party conservatives have controlled the federal government's rhetoric of, and policies on, AIDS--Acquired Immune Deficiency Syndrome. This control has been characterized by health education which portrays HIV and AIDS as "repellent and shameful" (Hastings, Eadie & Scott, 1990, p. 18) social rather than medical phenomena. Many people believe Democrat Bill Clinton will pursue more compassionate policies when he takes office in 1993--and that these policies may also affect the way AIDS is dealt with in government-sanctioned health education campaigns and public service announcements. So that we may lay the groundwork for examination of the campaigns of the future, the author has chosen to investigate one element of a campaign of the past--the *"America Responds to AIDS"* television and radio public service announcements. The author first discusses the political climate in which the PSAs were produced. He examines 22 English-language *"A.R.T.A."* TV PSAs and 22 English-language radio PSAs, looking at the spots through a traditional rhetorical analysis (characterizations, verbiage, tone, etc.), and through a textualist approach (establishment of enabled and disabled powers, individuals, and phenomena as identified through the discourse)--building on the earlier findings of Shapiro (1981; 1984) and Smail (1984). The analysis shows that *"America Responds to AIDS"* PSAs produced between 1987 and 1992 supported conservative philosophies by stereotyping male carriers and female victims, using inexplicit terminology, employing fear appeals, blocking access to helpful information with a government gatekeeper, and empowering AIDS as a social rather than medical problem. The PSAs supported *traditional* family and social relationships, denied homosexuals and other disenfranchised groups a voice in the fight against the disease, and failed to address the specific behavioral changes which are needed if we are to control the spread of HIV infection and AIDS. The author cites earlier research into mass media health education campaign effectiveness to call for a change in future federal policies for addressing AIDS through PSAs.

Introduction

The impact of AIDS is being felt throughout society. Kolata (1990, p. 12) points out that never before has there been "an organized group of sick people" competing for public attention, recognition, and resources. "AIDS is no longer mainly a medical story, if it ever was," he writes. "The material may be medical . . . but decisions are made in political context" (p. 12). The growing strain on the social system from increasing numbers of AIDS patients needing social services and medical attention, a need for increased discussion of the dangers of the disease, and an increased educative effort to prevent people from acquiring HIV infection is changing the whole structure of our society.

The financial aspect may be the greatest single change overall. Beardsley finds that between 1987 and 1991, federal spending on AIDS research, prevention, and education increased from $502 million to an estimated $1.7 billion (1988, p. 14). He estimates that ". . . the direct overall cost of caring for AIDS patients" in the U.S. will be around $10 billion annually by 1991 (1988, p. 14). A study by the national Agency for Health Care Policy and Research places the total slightly lower--at $7.2 billion in 1992 and $10.4 billion by 1994 ("AIDS cost increasing", 1991, p. 26). Regardless of which projection is accurate, one can easily agree with Beardsley's analysis that ". . . such a toll would seem to merit high level concern" (1988, p. 14). Unfortunately, however--in many ways, it has not.

AIDS was first publicized in the media at the national level and continues to be perceived mainly as a story of national and international concern (Grube & Boehme-Duerr, 1988; Toufexis, 1987). Merritt and Rowe, however, contend AIDS should be more of a local concern, since " . . . control of the AIDS epidemic and the many social and ethical considerations associated with the disease are . . . a state and local responsibility" (Merritt & Rowe, 1988). But most state and local governments, already strapped for funds as a result of the Reagan-Bush years, are powerless to affect the outcome of this major public health crisis (Merritt & Rowe, 1988, p. 19). If the federal government is not doing enough, as some claim, it's not for lack of opportunity. The Reagan administration presided over eight years of the AIDS epidemic and chose a stance of "nonreaction" to it, writes Patner. He claims many people with AIDS were frustrated by Reagan's unwillingness to devote larger amounts of federal funds to the effort to "fight and find a cure for AIDS" (Patner, 1988, p.12).

George Bush also failed to take a strong rhetorical position on AIDS during his tenure in the White House. Perhaps Bush was unwilling to associate himself with "the societal hostility" AIDS generates (Herek & Glunt, 1988, p., 887). Beardsley suggests Bush may have been afraid his personal fear of AIDS or biases associated with it would be uncovered (Beardsley, 1988, p.14), or that Bush disassociated himself with AIDS because it is seen by the majority of people who vote as a no-win topic (Beardsley, 1988, p. 14). Bush did at least give some rhetorical attention to AIDS. On March 29, 1990, he gave his first speech about AIDS as President, supporting a

Congressional bill to forbid discrimination against AIDS victims. Many activists, though, contended Bush was giving only minimal attention to AIDS victims; that Bush didn't back up his promises with action. They suggested Bush's inertia on the issue of speeding up research and treatment reflected ". . . bureaucratic red tape and lack of coordination" at the federal level (Chow-Bush, 1991, p.9).

Others, however, believed it could be the result of a direct political strategy. Those who hold this opinion point to the contents of an internal memo leaked to the media in February, 1988. The memo, released by an employee of Charlton Research, a San Francisco political consulting firm that did work for the Republican Party, said that, in regard to AIDS: ". . . the Republican party must never seem to be inciting a reaction, only responding to it. If we are low key, sound logical, and stress the importance of "protecting" families from the disease, then we could find ourselves in excellent shape in '88" ("How Republicans 'Spread'. . .", 1988, p.26).

For whatever reason, it is clear that AIDS was not an issue among the top priorities on the Republican agenda. In fact, Rosenthal claimed in 1991 that Bush "often appears to be uncomfortable dealing with" the subject of AIDS (Rosenthal, 1991, p. A20L). After an AIDS rally near the President's Kennebunkport home, Rosenthal wrote that Bush characterized the march as a publicity stunt aimed at obtaining "disproportionate television coverage." Bush reportedly said he was not nearly as concerned with the AIDS marchers as he was with a group of unemployed laborers who marched on the same day. "That was the one that I was concerned

about," Rosenthal quotes the President as saying. "That one hit home, because when a family is out of work, that's one I care very much about" (Rosenthal, 1991, p. A20L).

In the end, whether Bush chose to "care very much about" AIDS or not, the sheer numbers of people who became infected with the HIV virus during his Presidency helped contribute to a Democratic election victory in 1992--and what may become a new era for AIDS rhetoric.

Research Problem

Although initially a disorder which was perceived as an illness involving "marginalized groups, especially gay men" (Herek & Glunt, 1988, Abstract), HIV infection--which leads to full development of AIDS--is now recognized as a potential threat to all members of society. As of November, 1991, the U.S. Centers for Disease Control reported approximately 196,000 cases of AIDS in the U.S.; that 120,000 of those victims had already died (Brown, 1991, p. 4). The C.D.C. has estimated, by the time end-of-year 1991 tallies were recorded, AIDS would be recognized as the second leading cause of death of American men aged 25-44 and one of the top five leading causes of death of American women aged 15-44 (U.S. Centers for Disease Control, 1991, p. 357). An estimated 1 million Americans are infected ("AIDS Cost Increasing. . .", 1991, p. 26); AIDS will cost our society nearly $10.5 billion by 1994 ("AIDS Cost Increasing. . .", 1991, p. 26).

When they're included as part of a unified and focused communicative effort, broadcast public service announcements can help in an AIDS educational effort by delivering these important facts. Research has shown that TV and radio PSAs are helpful in delivering general information to general audiences (Hastings, Eadie & Scott, 1990; Blosser & Roberts, 1985; Bosompra, 1989; Stroman & Seltzer, 1989; O'Keefe, 1985; Market Facts, 1979; Hanneman & McEwen, 1973). More than $700 million worth of TV air time is set aside annually in the U.S. for PSAs (Sandage, Fryberger, & Rotzoll, 1983; Garbett, 1981); more than 120,000 AIDS PSAs alone were aired on TV between October, 1987, and December, 1990 ("More than 120,000. . .", 1991). PSAs dealing with the subject of AIDS air over stations in all the major markets in the U.S. as well as overseas ("American Advertising Federation . . .", 1989, p. C9; Toufexis, 1987).

The vast majority of communication research into PSAs regarding health issues in general focuses on traditional rhetorical analysis and effects studies, in an attempt to determine what information the spots contain, and whether people are watching and listening to them. Most of this research is consistent in that it finds PSAs do contain valuable general information, and that the information can be assimilated by a general audience (Hales-Mabry, 1987; Ramirez et al, 1983; Chicci & Guthrie, 1982). When looking specifically at PSAs on television, Blosser and Roberts find generally high comprehension of narrative content of PSAs "even by the youngest children" (1985, p. 455). Repetition of this narrative can aid in learning (Just, Crigler, &

Wallach, 1990), although it has been shown that televised PSA viewers do not always correctly perceive the intent of the broadcasts they view (Blosser & Roberts, 1985).

It's relatively easy to disseminate information about AIDS to the public. The task becomes complicated when the goal becomes that of inciting behavioral change. Changes in behavior, especially where sexual behavior is concerned, are linked to "deep biological and psychological drives and desires" (Robert et al., 1986, p. 15); they are difficult to alter. It is especially difficult to attempt to alter behavior when little or no effort is made by planners to "segment their audiences" and "recommend specific preventative behaviors" (Freimuth, Hammond, Edgar & Monahan, 1990).

Previous researchers have looked at the question of factors external to the message that may produce an effect on the audience to help stimulate behavioral change. These researchers have found that, in order to create a most favorable climate for influencing behavioral change through AIDS-related PSAs, one must take into account the critical role that interpersonal communication plays in the process (Cohen, Guiguet, Weills, & Balleron, 1990; Jacobs, 1990; Rukarangira, Ngirabakunzi, Bihimi, & Kitembo, 1990), remembering that "mass media messages alone are not effective" (Overton, 1989; Abstract). One must consider the relationship of a positive self-image and the management of conflict within the individual viewer's experience (Edgar, Hammond, & Freimuth, 1989).

Certainly labelling of high-risk behaviors would also be warranted (Catania, Kegeles & Coates, 1990), as there seems to be a need to focus on specific behaviors if one is to encourage members of the audience to make changes in their lives. Such a plan of action would also need to actively seek individual personal commitment to changing those behaviors and an identification of social support programs which can help reduce the risk of HIV infection (Catania, Kegeles, & Coates, 1990; Yep, 1990). Those targeted for behavioral change should see themselves as active participants in a targeted group for which the AIDS information is specifically prepared (deFrancesco, Austin, Bordowitz, Carolomusto, & Hoskins, 1990; Van Dam, 1989). Alcalay's research shows behavior modeling should be a part of the process (1983), as does Remafedi, who goes on to indicate that the effort should include building of social supports, self-esteem and positive identity (1988). When engaging the question of behavioral changes in the audience, Maibach found participants in his (1990) AIDS prevention research were most likely to develop new low-risk behavior patterns when involved in a presentation featuring information dissemination, modelling, and rehearsal. Viewers that Maibach surveyed who were subject to AIDS information alone showed the least improvement in their at-risk behaviors (Maibach, 1990).

It has been asserted that television in specific, and the broadcast media in general, are unable to effectively address the specific behaviors associated with AIDS prevention through the current genre of messages employed (Freimuth, Hammond,

Edgar, & Monahan, 1990; Overton, 1989; Grube & Boehme-Duerr, 1988; Strohman & Seltzer, 1988). Simply put--programming alone, especially programming which portrays the fight against AIDS and HIV infection in the media's typically generic, inexplicit, and stereotypically mainstream way--is said to be insufficient to incite behavioral change because it does not address the many issues associated with the HIV virus and AIDS in ways that make a direct connection with those most likely to be at risk. We must not stop trying to develop anti-AIDS messages that will be effective through the media; and, we must not stop trying to further our own understanding of how these messages impact on the audiences who watch and listen to them. After all, as Cleary states, "[E]ven if the political, financial, and logistical difficulties of launching such a program were overcome, there would still be a need to develop and refine our knowledge about the types of messages necessary to change behavior and the best ways of disseminating those messages" (Cleary, 1988, p. 272).

One way to help "develop and refine our knowledge" is to take a look at existing anti-AIDS messages in a new light, building in part upon the ideas contained in Myrick, Trivoulidis, Swanson, Lam, & Al-Qhtani (1992). Such is the purpose of this research into the PSAs produced by the "*America Responds to AIDS*" campaign.

Rather than looking primarily for direct cause-effect relationships between these TV and radio messages, their audience, and changes in audience behavior, this research delves into the PSAs from a different perspective. It attempts an analysis of the messages at two levels of discourse: at the surface, or rhetorical level;

and, at the deeper, textualist level--at which the constitutive power of language is seen as an effort to create and represent objects, subjects, and knowledge to focus on the power relationships at work which contribute to the constitution of meaning. An analysis at this deeper textualist level (Shapiro, 1984; Smail, 1984; Shapiro, 1981) allows us to demystify subjects, objects and knowledge and understand a fuller linguistic and political construction. This approach thus acts to politicize the message by analyzing the way the text produces and expresses meaning. The combination of these two analytical approaches will show how Ronald Reagan, George Bush, and their administrations gave the PSAs used in the government's anti-AIDS campaign a distinct rhetorical focus.

Methodology

The examination of the *"America Responds to AIDS"* TV and radio PSAs will be guided in part by the principles delineated by Shapiro (1984; 1981) and Smail (1984), researchers who provide conceptually coherent pictures of textual analysis as an approach to political communication--by treating discourse as the most basic unit of analysis.

When going beyond rhetorical criticism to account for textualism as a legitimate approach for the social scientist, Shapiro explains the exact understanding of political communication and its relationship to discourse, power and knowledge. Shapiro defines as political "those processes which involve sanctioned individual and

collective control over valued experience . . ." (1981, p. 211) exercised not through the direct will of a sovereign nor through legal proscriptions but through the creation of objects and persons. "Power is immanent, therefore, in rules that constitute these persons and things" (Shapiro, 1981, p. 218).

Discursive practices constitute particular persons as agents, or manipulators, of what is considered to be knowledge, or valuable, relevant phenomena. The discursive practices also constitute the actual rules that can be used to theoretically and methodologically understand, conceive of, and distinguish what can be considered knowledge--from that which is not considered to be knowledge. This constitutive aspect of the discursive practice ultimately relies on the power of the discourse to delineate what can and cannot be thought about. In other words, everything is contained in and constituted by discourse. It follows that, from this perspective, discourse also creates human beings through figures of speech and provides the opportunity for representation--the constitution of ourselves. Probably the most essential assumption imbedded in this definition is that it foregrounds and privileges discourse as the ultimate *reality* itself--as well as the means we use to talk about *reality*. There is no pre-existing moment or experience.

Like Shapiro, Smail is committed to the idea that language uses people--rather than vice versa. Words are, in a sense, arbitrary and carry "no guarantee of objective truth--"objective" being "a truth beyond what people simply agree about" (Smail, 1984, p. 60).

The methodological consequence of such an approach is the treatment of all texts as literary. Smail and Shapiro are thus able to maintain their focus on language and its productive power because the literary is primarily concerned with language's power to produce the phenomenon of fiction--or, in the case of PSAs--the phenomenon of dramatization.

Rhetorical Analysis

A simple rhetorical analysis was performed on each of the 22 TV and 22 radio PSAs, to determine the scope and slant of their messages, characterizations, pace/tone of each spot, presence of communication "gatekeeper" and overall persuasive strategies employed. As a result of this analysis, it was found that the PSAs share seven basic similarities of content:

Monologue

More often than not, the PSAs employ a single individual narrator to present the message. Sixteen of the TV PSAs, or 73%, and 15 radio PSAs, or 68%, featured a single narrator, speaking in the first person familiar, about the real or perceived HIV or AIDS threat.

Male 'Carriers'; Female 'Victims'

The PSAs often portrayed HIV infection and AIDS as a malady characterized by male 'carriers' and female 'victims.' Among the TV PSAs, nine of the spots--or 41%--portrayed females as HIV or AIDS victims. Five of the TV PSAs--or 23%--either implicitly or explicitly stated that infection results from infected males, most of which were not shown in the video. Among radio PSAs, ten spots, or 45% of the total, dramatized the HIV or AIDS threat as resulting or having resulted initially from the actions of an infected male. All but one of these infected males were spoken of but not represented in the drama. Ten, or 45%, featured female HIV or AIDS victims portrayed or spoken of in the dramatization.

Traditional Sexual Relationships

Among the TV PSAs, 15--or 68%--allude to the AIDS threat as resulting from sexual contact. Of these spots, 10--or 45%--make no allusion to or mention of this threat as a consequence of homosexual behavior. Five TV spots--or 23%--leave open the possibility that homosexual contact resulted or could result in a portrayed male becoming infected. None of the men uses the word "homosexual" and only one spot, or 5% of the total TV program content, features an HIV infected person making a statement suggesting homosexual contact resulted in infection. None of the 22 radio PSAs portrayed homosexuals or described homosexual relationships.

The PSAs which most strongly suggest the presence of a homosexual are the two PSAs portraying "Peter," a single male. In the television PSA, "Peter" narrates the spot but is not shown on the screen. He never states his sexual orientation, but he does state in the narration that he became infected by ". . .doing what I did; and I don't mean drugs." In the radio PSA titled "Peter," his narration is even more vague. On radio, "Peter" states that his HIV infection resulted from "doing what I did"--but he does not go on to indicate that the "doing" was not drug-related.

Drugs and Infidelity

Eight, or 36% of the TV PSAs either explicitly state or imply that illegal drug use or infidelity to a longstanding heterosexual relationship brought about, or brings about, HIV infection or AIDS. Sixteen, or 73% of the radio spots state outright or imply that drug use or infidelity to a heterosexual relationship did or could result in infection.

Inexplicit Terminology

The PSAs use vague language to describe HIV risk, virus transmission and AIDS infection. Physical symptoms are not mentioned at all. Among television spots, for example, the word "condom" is used a total of four times in two spots--one of which is titled "condom." The word "doctor" is not mentioned in any of the TV spots and only once in the radio PSAs. One radio spot uses "condom" one time.

Government Gatekeeper

All 22 television PSAs present the federal government as the information dissemination source for additional HIV/AIDS facts. Each spot closes with a presentation of the toll-free telephone number; most include a voice-over telling audience members to call "to find out more." Among radio spots, 20--or 90%--close with a request that listeners dial "to talk" or to "determine your risk" for infection.

Fear Appeals

The TV PSAs did not seem to contain overly strong fear appeals. After his review of the 22 spots, the author characterized only two--or 10%--as having excessively strong fear appeals. Among radio PSAs, eight--or 36%--seem to contain a message which was perceived as intended, either primarily or secondarily, to generate or support fear of HIV infection or AIDS. These fear appeals included fear of unfaithful men, fear of the unknown medical history of "dates", fear of moral deviants, and/or fear of one's own past "sex with someone who might be infected."

Textual Analysis

A basic textual analysis was performed on each of the 44 PSAs, to determine the "value system embedded in the process of signification which is responsible for producing the objects, acts, and events we entertain in our conscious awareness" (Shapiro in Shapiro, 1984, p. 223).

Many similarities were found--similarities which build upon the biases and stereotypes already identified through the content analysis:

The Enabled

Rather than empowering a particular person or individual in the fight against HIV infection and AIDS, these PSAs continually empower the virus itself. When they are not empowering HIV infection, AIDS, or its result (death), they often empower the unknown. The television spots use narration and video images which build upon a perception of a great "unknown"--unknown numbers of people infected with the virus, unknown personal friends or family members infected with the virus, and unknown personal ability to remain free from the virus. People other than the narrator, for example, are sometimes shown in quick, fuzzy black-and-white video clips--a technique which adds to the "mysteriousness" and makes these people appear as strangers or outsiders. At least one spot--the PSA titled "Sofa"--takes on the appearance of a horror movie. In this PSA, a television set with a mind of its own defies its own remote control and turns itself on over and over again, shining a bright light on two subjects seated on a couch. The television narrator looks directly at the two amorous young people pictured on the sofa, and proceeds to tell them of the dangers of AIDS--reminding them that the person they ". . .are with right now" could be infected. The two people give the insistent television their attention; they stop kissing and obediently begin talking to each other.

When the PSAs' discourse does enable people as agents to control themselves and their environments, they are not always shown as positive role models. TV spots featuring parents portray the parents as nagging, repetitive bores; the children are self-centered and disinterested in learning. One such spot even portrays the child using a TV remote control to "fast forward" her mother's discussion about sex. The TV spots portray HIV-infected people as healthy and in pleasant surroundings who have changed their behaviors and feel good. The radio PSAs, however, are particularly unkind to HIV-infected people, they portray them mostly as disease carriers with the ability, negligence, or blatant desire to harm others.

The Disabled

Those portrayed in a position of powerlessness in the PSAs are, more often than not, women (in six of 22 television spots, or 27%; and 12 out of 22 radio spots, or 55%). The population in general, personal judgment, conscience, and physical well being are also disabled--either individually or collectively--through the discourse of these PSAs.

Valuable Knowledge

The "*America Responds to AIDS*" PSAs formulate a discourse which values certain information and devalues other information. Primarily, they illustrate the valuable knowledge that illegal drug use clouds judgment and leads to AIDS

infection; that anyone could be HIV infected; that the audience should be afraid of AIDS; that there can be no safe reconciliation after a partner has "stepped out" of a longstanding heterosexual relationship. Secondarily, the PSAs illustrate, through their great lack of portrayal of homosexuals, that HIV infection and AIDS are issues over which the homosexual population has no voice. The spots also portray no physically ill or suffering HIV-infected individuals. The TV spots in particular show HIV-infected people as healthy and vibrant, standing by the sea shore or riding a bicycle--bathed in a soft, warm light--suggesting we would not or could not learn about AIDS from someone who looks sick.

Portrayal of HIV Infection/AIDS

Smail makes the point that words "are the result of our imperfect struggle to articulate our experience" (1984, p. 60). As a result, we may be "unaware of there being any reality beyond language"--words may become part of our received truth without any question on our part (Smail, 1984, p. 62). This may illustrate the most dangerous result of the "*America Responds to AIDS*" TV and radio PSA campaign: that the portrayal of HIV infection and AIDS, through carefully crafted language accompanied by tailored video and audio elements, may proscribe any reality to HIV and AIDS other than that designed by the campaign.

The "*America Responds to AIDS*" PSAs portray HIV infection and AIDS as primarily social--not medical problems. The author felt that the social consequences

overshadowed medical implications of the virus in 16 TV and 16 radio spots--73% of the total. The spots portray illness through the discourse as a penalty which stem from immoral or illegal behavior (including illegal drug use and "stepping out" on a partner). Illness is shown as a penalty which stems from failure to follow mother's advice and "make the right decision" about personal behavior. "Healthy lifestyles can be learned," asserts the narrator in one of the TV spots. "Are they being taught?" Perhaps worst of all, HIV and AIDS are portrayed as if they had minds of their own; as if they can move and act in ways which would make the victims powerless to avoid infection.

Mythic Summary

Smail finds that even everyday language can support a mythical view of the world, as words become "representatives of a reality which *imposes itself upon* us" (1984, p. 60). Through the words and dramatization of the "*America Responds to AIDS*" PSAs, we are subject to a mythical reality--a reality of what HIV and AIDS infection means, how others in the world around us are influenced as a result, and how we should be influenced by the presence of the virus.

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Interestingly enough, most of the "Mythic Summaries" of the AIDS PSAs fall into familiar niches we can all relate to. The television spot myths include "The Birds and the Bees," several spots which portray out-of-touch, dull parents speaking to their inattentive children about sex. The TV PSAs include the schoolhouse version of "Support Your Local Police" as the narrator rallies the audience to be in touch with teachers to assure that ". . .healthy lifestyles. . .are being taught." Among radio PSAs, there's "What Goes Around Comes Around"--a reminder that those who cheat on their partners will be hurt themselves by AIDS. There's "You Can't Tell a Book by its Cover"--a reminder that even a "cute guy" or "shy girl" could be HIV infected. There's the "Mother Knows Best" myth--which tells us how we will suffer, should we neglect mother's advice and opt for non-traditional sexual relationships. There are others as well--all built around the discourse which substantiates HIV infection and AIDS as "repellent and shameful" social phenomena (Hastings, Eadie & Scott, 1990, p. 18), not medical problems.

Conclusion

Each of these PSAs is capable of delivering a strong message to the audience. Unfortunately, rather than delivering a message about how--specifically--to avoid HIV and AIDS, the PSAs appear instead aimed at giving the AIDS issue mere *lip service* on the Republican agenda.

The *"America Responds to AIDS"* PSAs strongly enforce a message that AIDS infection is linked with drug addiction. Of course it is true that IV drug users are among those most likely to acquire the HIV virus; it is also true that people have become infected with the virus after having a sexual encounter with an infected drug user. But by making the AIDS--drug connection in the vast majority of its PSAs the *"America Responds to AIDS"* campaign infers that there is an inexorable link between illegal drugs and AIDS infection. That's just not true.

The PSAs' discourse and characterization neglects a large segment of the population most likely to be at risk for HIV infection--homosexuals. By portraying all subjects as heterosexual and speaking only in terms which identify with heterosexuals, the PSAs deliver a spoken and unspoken message that heterosexual people exclusively are the ones who should be concerned with the disease. This likely works to naturalize and give an official *stamp of approval* to heterosexual activity. In so doing, the PSAs may give listeners the impression that knowledge about AIDS is the right of the heterosexual; heterosexuals own this knowledge.

People who are outwardly ill--suffering the physical effects of HIV infection and AIDS--also have no place in the discourse. All HIV infected people and AIDS sufferers characterized or spoken of are either well and physically active, or dead.

The analysis of the PSAs' rhetoric and linguistic content shows no *role surprises.* Men are portrayed as having the power to infect "their" women; women are in danger of that infection and virtually powerless to determine their risk, openly admitting their "worry" that they will be infected by men who are "stepping out" or "cheating." Parents are dull and repetitive; teenagers are self-centered and sarcastic. If we assume that the intent of the announcements was to inform about AIDS and increase the opportunities for behavioral change, this stereotyping serves to dilute rather than strengthen the PSAs' impact, because it fails to portray individuals in a positive light and able to direct their own destinies.

Another concern lies with the PSAs' descriptions of the dangers of AIDS and the illness' impact on people. Initially, the spots prime viewers and listeners to be aware of AIDS and to learn about preventing this tragedy from occurring in their lives. But no specific information follows this cue. Audience members are instead given only a government telephone number to call to "talk" or "determine. . . risk" of HIV infection. Thus, the PSAs' ability to begin and maintain a real discourse on this subject would appear to be limited; it remains organized around the government's discourse of itself as protector of a citizenship. Government is in control; government has the legitimate, powerful, moral voice--unquestioned and uncontested.

People who want and need this important information about AIDS, then, must go to extra effort to obtain it from the government, on the government's terms. One wonders how many--especially among urban inner-city youth and other "fringe" populations most at risk of HIV infection will take this step.

An additional problem is the complete lack of specificity in the program content. The PSAs are extremely vague--to the point where the word "condom" is used only five times in 44 spots. The word "doctor" is heard only once. The word "homosexual" is never used. If we are to assume that, among TV viewers alone, for example, ". . .cognitive activity while viewing apparently is not very great and for a sizeable number of viewers, it is nil," (Comstock, 1989, p. 71) then the messages these PSAs are trying to deliver are so ambiguous as to be useless.

Even the title of the PSA campaign illustrates an inept effort to empower people against illness. A public that simply "responds to AIDS" will never take control of the disease; *response* indicates that the disease, not people, holds control of the situation.

From everything the author has learned in his research into AIDS and the federal government's response to the illness as demonstrated by the "*America Responds to AIDS*" public service announcement campaign, it's clear that some monumental mistakes have been made. The Reagan and Bush administrations failed to make AIDS a policy priority. These administrations ratified a rhetorical strategy which defined HIV infection and AIDS as social problems--and allowed for "moral

exclusion" (see Opotow, 1992, p. 422) of AIDS-infected people from the social hierarchy. This "moral exclusion" mindset resulted in the creation of a PSA campaign which--at its most basic level--stereotyped and segmented members of the public, rather than uniting citizens to deal with AIDS. As its name suggests, "*America Responds to AIDS*" is just that--a response, a rejoinder, a rebuttal. . . not a solution. If Bill Clinton's administration hopes to educate more people about the issues surrounding AIDS and its consequences for our society, the new administration needs to examine these past mistakes and see that they are not repeated.

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TABLE

Content/Context Variable	Prevalent Among TV PSAs	Prevalent Among Radio PSAs
Monologue Narration	16 of 22 spots (73%)	15 of 22 spots (68%)
Male Virus 'Carrier(s)'	5 of 22 spots (23%)	10 of 22 spots (45%)
Female Virus 'Victim(s)'	9 of 22 spots (41%)	10 of 22 spots (45%)
Homosexual Relationships Portrayed or Mentioned	5 of 22 spots (23%)	0 of 22 spots (0%)
Drugs or Infidelity Portrayed or Suggested as Precursor of HIV/AIDS	8 of 22 spots (36%)	16 of 22 spots (73%)
Inexplicit Terminology Employed in the Narrative	22 of 22 spots (100%)	22 of 22 spots (100%)
the word "condom"	4 times in 22 spots	1 time in 22 spots
the word "doctor"	0 times in 22 spots	1 time in 22 spots
the word "homosexual"	0 times in 22 spots	0 times in 22 spots
Government Gatekeeper	22 of 22 spots (100%)	20 of 22 spots (90%)
Strong Fear Appeal(s)	2 of 22 spots (10%)	8 of 22 spots (36%)
AIDS/HIV Portrayed as 'Enabled'	11 of 22 spots (50%)	14 of 22 spots (64%)
Female(s) Portrayed as 'Disabled'	6 of 22 spots (73%)	12 of 22 spots (55%)
AIDS/HIV Portrayed as a Social Problem	16 of 22 spots (73%)	16 of 22 spots (73%)
AIDS/HIV Portrayed Specifically as a Medical Problem	1 of 22 spots (5%)	2 of 22 spots (10%)

Table reflects findings of a rhetorical and textual analysis of 22 English-language television public service announcements and 22 English-language radio public service announcements disseminated through the "*America Responds to AIDS*" campaign from 1987 through 1992.